United States of America

Department of Transportation—federal Aviation Administration

Supplemental Type Certificate

Number SA5235SW-D

This certificate, issued to

S-TEC Corporation Rt. 4, Bldg. 946

Wolters Industrial Complex Mineral Wells, TX 76067

cortifies that the change in the type design for the following product with the limitations and conditions

therefor as specified hereon meets the airworthiness requirements of Part 3 of the Civil Air

Regulations

Criginal Product - Type Certificate Number:

3A17

Make:

CESSNA

Model: 172RG

Lescription of Type Design Change:

Installation of S-TEC Manual Electric Trim System, Model ST-228 according to Bulletin No.328, dated 8-24-83 and Master Drawing List No. 92236, dated 8-24-83 and/or later FAA Approved revisions of the above data, (28 Volt System).

Limitations and Conditions

- FAA Approved Supplement to Pilot's Operating Handbook and/or FAA Approved Airplane Flight Manual, P/N 89322, dated 11-4-83 is required and/or later FAA Approved revisions of the above supplement.
- Compatability of this modification with other previously approved modifications must be determined by the installer.

This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.

Date of application:

9-20-83

Date reissued :

Date of issuance:

11-4-83

Date amended:



By direction of the Administrator

(Signature)

Harold W. Holdeman

DAS Staff Coordinator, DAS 5 SW

(Title)

Any alteration of this certificate is punishable by a fine of not exceeding \$1,000, or imprisonment not exceeding 3 years, or both.

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of this Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type Certificate Number	
to (Name of transferee)	·
(Address of transferee)	
	(Number and street)
	(City, State, and ZIP code)
from (Name of grantor) (Print or type)	
(Address of grantor)	
	(Number and street)
	(City, State, and ZIP code)
•	(City, State, and ZIP code)
Extent of Authority (if licensing agreement):	
· · · · · · · · · · · · · · · · · · ·	
Date of Transfer:	
Signature of grantor (In ink):	